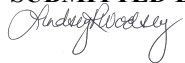


**LABOR COMPLIANCE PROGRAM ANNUAL REPORT**

*Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))*

Report for the reporting period 07/01/2023 to 06/30/2024  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>Department of Transportation</b>		
2. LCP I.D. Number (assigned by DIR): <b>010</b>	3. Date of Initial Approval: <b>12/01/1990</b>	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Lindsey Woolsey</b> <b>Labor Compliance Program Manager</b> <b>Lindsey.Woolsey@dot.ca.gov</b> <b>Ph: 530-204-7745</b>		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?  Please check one: <input checked="" type="checkbox"/> Yes    If Yes, proceed to item 6 on the next page  <input type="checkbox"/> No    If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 1515 Clay Street, 17th Floor, Oakland CA 94612		
What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary) <b>A liaison for communications with approved Labor Compliance Programs (LCP) to address inquiries related to program requirements.</b> <b>Clearer guidance for contractors and subcontractors to provide on LCP's enforcement authority on their contracts to reduce confusion on processes.</b>		
<b>SUBMITTED BY:</b> 	<b>Lindsey Woolsey</b> Labor Compliance Program Manager	<b>08/30/2024</b>
Signature	Name and Title	Date

**LCP-AR2**

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
<b>See Attachment #1</b>			
<b>2071 projects</b>			
Total			<b>\$17,852,343,996.66</b>

B. List any project subject to the limited exemption clause of LC § 1771.5(a), if applicable.

Project Name	Description of Project	Contract Amount
<b>None</b>		
Total		

**LCP-AR2**

C. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
<b>See Attachment #2 &amp; 3</b>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Recovered/Assessed</b>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Wages</b>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Total</b>		<b>\$398,053.37</b>	<b>\$398,053.37</b>		

D. For any amount identified in item C for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
<b>See Attachment #2</b>			<b>Restitution collected &amp; confirmed for underpayments no RAF requested</b>
<b>Total</b>	<b>\$398,053.37</b>	<b>\$398,053.37</b>	

**LCP-AR2**

E. For any amount identified in item C for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
See Attachment #3										
Total	0	0	0	0	0	0	0	0	0	0

F. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
See Attachment #4				

G. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  Yes  No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_  
 \_\_\_\_\_

H. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:  Yes  No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_  
 \_\_\_\_\_